

**PO Box 1062  
Sioux Falls, South Dakota 57101-1062  
605/271-7103**

IF YOU ANSWERED NO TO #6, THE LAW ALLOWS “GRANDFATHERING” UNTIL JULY 1, 2008. NUMBER 7 (next) ASKS THE QUESTIONS FOR GRANDFATHERING.

7. (A) HAVE YOU COMPLETED AT LEAST ONE HUNDRED HOURS OF TRAINING OR STUDY IN THE PRACTICE OF MASSAGE WITH A FACILITY OR INSTRUCTOR? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE THE NUMBER OF HOURS, DATE(S), AND FACILITY OR INSTRUCTOR:

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**OR:** (B) IN THE THREE YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION, HAVE YOU, COMPLETED AT LEAST ONE HUNDRED HOURS OF EXPERIENCE DERIVED FROM THE ACTIVE PRACTICE OF MASSAGE? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE THE NUMBER OF HOURS, DATE(S), AND FACILITY OR INSTRUCTOR:

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8. DO YOU MAINTAIN THE **REQUIRED** MALPRACTICE OR PROFESSIONAL LIABILITY INSURANCE COVERAGE OF AT LEAST \$250,000.00 COVERAGE? ☐ YES ☐ NO

*IF YES, LIST THE INSURANCE CARRIER **AND ATTACH A COPY** OF THE DECLARATION PAGE OR OTHER PROOF OF INSURANCE. **No license will be issued without this proof.***

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9. HAVE YOU RECEIVED A PASSING SCORE ON AN EXAMINATION ADMINISTERED BY A NATIONAL CERTIFICATION BOARD ACCREDITED BY THE NATIONAL COMMISSION OF CERTIFYING AGENCIES? ☐ YES ☐ NO {Not required by law until July 1, 2008.}

*IF YES, **ATTACH A CERTIFIED COPY** OF THE RESULTS OR HAVE ONE FORWARDED TO THE BOARD OFFICE.*

10. DO YOU HOLD A VALID LICENSE TO PRACTICE MASSAGE FROM ANOTHER STATE? ☐ YES ☐ NO

*IF YES, WHAT IS THE STATE OF LICENSURE AND **ATTACH VERIFICATION** OF THE CURRENT LICENSE.*

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11. HAVE YOU EVER BEEN CONVICTED OF A FELONY OF ANY KIND, OR OF ANY CRIME, EITHER FELONY OR MISDEMEANOR, INVOLVING DISHONESTY OR MORAL TURPITUDE, OR RELATING TO THE PRACTICE OF MASSAGE? ☐ YES ☐ NO

*IF YES, DESCRIBE THE CONVICTION(S), THE STATE, COUNTY AND DATE OF CONVICTION (ATTACH A SEPARATE PAGE IF NECESSARY).*

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12. HAVE ANY PROCEEDINGS EVER BEEN TAKEN AGAINST YOU IN CONNECTION WITH LICENSURE OR PRACTICE AS A MASSAGE THERAPIST, OR FOR ANY OTHER PROFESSION, WHETHER IN SOUTH DAKOTA OR ELSEWHERE? ☐ YES ☐ NO

*IF YES, ATTACH A SEPARATE STATEMENT WITH A DETAILED DESCRIPTION OF ANY SUCH PROCEEDINGS, THE STATE AND COUNTY IN WHICH THEY OCCURRED, AND THE DATE OF SAID ACTIONS.*

13. HAVE YOU EVER BEEN DISCIPLINED WITH A REPRIMAND, CENSURE, SUSPENSION, TEMPORARY SUSPENSION, PROBATION, REVOCATION OR REFUSAL TO RENEW A LICENSE IN ANY STATE?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

*IF YES, IN A SEPARATE ATTACHMENT EXPLAIN THE REASONING FOR SUCH DISCIPLINE, DESCRIBE THE EXACT DISCIPLINE, THE DATE OF THE DISCIPLINE AND WHETHER YOU HAVE RECEIVED YOUR LICENSE BACK AFTER INCIDENT.*

14. DO YOU ABUSE OR ARE YOU ADDICTED TO ALCOHOL, MARIJUANA OR ANY CONTROLLED SUBSTANCE? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. HAVE YOU EVER BEEN FOUND TO HAVE PRESCRIBED OR ADMINISTERED CONTROLLED SUBSTANCES NARCOTICS, BARBITURATES, OR OTHER POTENTIALLY HABIT FORMING SUBSTANCES WITHOUT A LICENSE TO PRESCRIBE OR ADMINISTER SUCH SUBSTANCE ACCORDING TO SOUTH DAKOTA LAW? \_\_\_\_\_ Yes \_\_\_\_\_ No

*IF YES, IN A SEPARATE ATTACHMENT GIVE A DETAILED DESCRIPTION OF ANY SUCH PROCEEDINGS, THE STATE AND COUNTY YOU PARTICIPATED IN SUCH ACTIONS, AND THE DATE OF SAID ACTIONS.*

16. DO YOU OWE CHILD SUPPORT ARREARAGES IN THE SUM OF \$1,000.00 OR MORE?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

*IF YES, HAVE YOU MADE SATISFACTORY ARRANGEMENTS WITH THE DEPARTMENT OF SOCIAL SERVICES FOR PAYMENT OF ANY ACCUMULATED ARREARAGES? \_\_\_\_\_ Yes \_\_\_\_\_ No*

*IF YOUR ANSWER TO BOTH OF THE QUESTIONS IN # 16 IS YES, [ATTACH A COPY OF THE DOCUMENT VERIFYING PAYMENT ARRANGEMENTS HAVE BEEN MADE.](#)*

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17. DO YOU AGREE TO DEMONSTRATE PROFESSIONAL CONDUCT AT ALL TIMES IF LICENSED AS A MASSAGE THERAPIST? \_\_\_\_\_ Yes \_\_\_\_\_ No

**BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE APPLICANT AND THAT ALL INFORMATION SUBMITTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE OR INCORRECT INFORMATION, OMISSIONS, INACCURACIES OR FAILURES TO MAKE FULL DISCLOSURES MAY RESULT IN THE CANCELLATION OF OR DENIAL OF A LICENSE ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. I AGREE ALL INFORMATION IN THIS APPLICATION CAN BE VERIFIED AND INVESTIGATED. I HAVE READ, AND AM FAMILIAR WITH THE SOUTH DAKOTA CODIFIED LAWS REGULATING MASSAGE THERAPY AND HEREBY AGREE TO ABIDE BY SUCH LAWS.**

**Please sign in front of a Notary Public (see next page for Notary signature line)**

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

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APPLICANT SIGNATURE

STATE OF \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, BEFORE ME, THE UNDERSIGNED OFFICER,

PERSONALLY APPEARED \_\_\_\_\_, KNOWN TO ME OR SATISFACTORILY PROVEN TO BE  
THE PERSON WHOSE NAME IS SUBSCRIBED TO THE WITHIN INSTRUMENT, AND ACKNOWLEDGED THAT SHE/HE  
EXECUTED THE SAME FOR THE PURPOSES THEREIN CONTAINED. IN WITNESS WHEREOF, I HAVE HEREUNTO SET  
MY HAND AND OFFICIAL SEAL.

(SEAL)

\_\_\_\_\_, NOTARY PUBLIC

NOTARY PRINT NAME: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

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***DID YOU REMEMBER THE FOLLOWING:***

- ✓ *Did you attach fees in the amount of \$165 for the application and license fee, made payable to South Dakota Board of Massage Therapy?*
- ✓ *Did you sign and date the application in front of a Notary Public?*
- ✓ *Did you attach a copy of all the requested items within the application?*
- ✓ *Did you remember to list all phone numbers and email addresses where we could contact you?*